FINANCIAL ELIGIBILITY POLICY FAQs

QUESTIONS	ANSWERS
Do providers have the discretion to	No. Providers must charge the consumer, but may choose to write it off
lower or waive the co-pay?	later.
Can a provider deny services to a consumer?	Yes, if it is determined that the consumer has the ability to pay and is charged a copayment amount and refuses to pay or is in arrears for the co-payment amount. It is on the provider, however, to prove they have taken reasonable steps to attempt to collect, including setting up a payment plan with the consumer.
Is a cell phone considered an allowable utility?	Yes. A cell phone is considered a "basic telephone" and is a permitted utility on the Worksheet. However, the consumer may not apply both a cell phone and a land line. A "basic telephone" refers to (1) a landline, OR (2) a cell phone.
What is a "basic telephone"?	A "basic telephone" refers to (1) a landline, OR (2) a cell phone.
The upper income levels have a minimum range for co-payment (10-75% of the rate or cost). Do provider co-payments have to be greater than the minimum?	Co-payments must be equal to or greater than the minimum.
Do providers have to use the DBH worksheet?	Technically, the provider may use an alternative worksheet as long as the information is collected and applied in the same manner as the DBH worksheet. It is up to the Region to approve the use of alternative provider worksheets.
Is the Worksheet available in excel?	Yes
Does the Emergency Fee Schedule apply to a provider that does not provide any of the emergency services listed on the form?	No.
What is the deadline for providers to implement the policy/procedures?	January 7, 2013, or as soon as the Region policy goes into effect.
Would program enhancements (peer, MH, SA) that are expense reimbursement need to be covered under the new Financial Eligibility policy?	Financial eligibility will not be determined for Service Enhancement as a standalone. Eligibility will be determined for the base service which has been enhanced.
What is the amount of medical bills necessary for a consumer to be considered under the hardship schedule?	Medical Bills or Medical Debt in excess of 10% of the taxable annual income.
What if a consumer falls under the hardship schedule but then gets a job or pays off their medical bills?	The provider should reassess the financial eligibility of the consumer based on the updated information and make the applicable change to the co-payment amount.

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Are unemployment benefits paid to a client considered taxable income?	No.
All new admissions will use the new financial eligibility schedule. What about current or active consumers?	Current, or active, consumers would use the new financial eligibility schedule upon change of status or re-registrations.
Can a consumer deduct property taxes on the Worksheet?	Yes, they can include property taxes equal to 1/12 each month up to the maximum amount allowed for rent/housing.
If a medical debt has been turned over to a collection agency, is this debt still counted as a medical debt?	Yes, however, providers should ensure there is a clear trail from the medical bill to the collector to demonstrate the medical debt. Additionally, it is the responsibility of the provider to monitor when the debt is paid and to determine future payment amounts.
Do behavioral health services qualify as medical debt?	Behavioral health services in a hospital do qualify for medical debt. However, most behavioral health providers are not considered a medical facility and as such, would not qualify as medical debt.
Can a Provider charge a consumer the difference between what is charged to insurance and what Region pays, or just the copayment amount figured through the sliding fee?	If the consumer is charged to the region, the maximum the Provider can receive is our rate plus the co-payment indicated on the sliding fee schedule. The consumer can be charged no more than any other Region client in the same income bracket.